Best Available Copy POSITION **INITIALS** ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW INDEX OF CLAIMS** Rejected N Non-elected Allowed Interference (Through numeral)... Canceled Appeal Restricted O Objected Claim Claim Date Final Original ĺ 孙88 If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)

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